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MILBANK MEMORIAL FUND
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NEW YORK HEALTH DEMONSTRATIONS
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THE TWENTY-FIFTH ANNIVERSARY
of the MILBANK MEMORIAL FUND

*Observed at the Eighth Annual Meeting of the Fund's
Boards of Counsel*



TWENTY-FIVE years ago, on April 3, 1905, there was recorded in the office of the clerk of New York County the certificate of incorporation of The Memorial Fund Association, the name of which was later changed to the Milbank Memorial Fund. A quarter of a century later, on April 3, 1930, at a dinner of its boards of counsel at the Park Lane hotel in New York City, the Fund commemorated this occasion.

The past quarter of a century has witnessed a marked evolution in the general notion of the province of philanthropy. Earlier conceptions acknowledged mainly obligations to cure disease, to relieve

distress; later ideas recognized opportunities to prevent them—and, moreover, to add generally to the fullness and richness of living. This transition reflects changes which scientific inquiry has brought about generally in our social thought. They appear markedly in the fields of present-day public health and social work, which have been the scenes of activity of many of the foundations established during this period, including the Milbank Memorial Fund.

A recent record compiled by the Russell Sage Foundation catalogues some two hundred American foundations. Their endowments, if combined, would approximate a

billion dollars. In comparison with some, the endowment of the Milbank Memorial Fund, with a book value of approximately \$10,000,000, and a market value of approximately \$15,000,000, is relatively small. Nevertheless, its gifts in the general fields of health, social welfare and education, totaling over \$6,716,000 in the past twenty-five years, have been of significant influence.

The founder of the Milbank Memorial Fund, Elizabeth Milbank Anderson, gave the Board of Directors a free hand

THE twenty-fifth anniversary of the Milbank Memorial Fund, celebrated on April third at a dinner of its boards of counsel, rounded out a quarter-century of philanthropic service of a widely diversified nature. The Fund's gifts during this period totaled over \$6,716,000. Over two-thirds of its expenditures have been to aid organizations and projects in the field of health, mostly in the field of public health. Approximately one-sixth of its gifts have been in the field of social welfare, and about one-sixth in the field of education. Its contributions were made to 132 separate organizations and projects. The leading article in this issue presents in résumé the high lights of the Fund's history.

to use the Fund's endowment for the public good. She imposed no limitations other than that the trust be used "to improve the physical, mental and moral condition of human-

ity and generally to advance charitable and benevolent objects."

THAT country women of all socio-economic classes in the United States have larger families than women living in the cities, and similarly, that wives of laborers have larger families than those of business or professional men, is indicated in a recently completed inquiry into the rates at which various social groups reproduce themselves—made by the Fund's Division of Research, in cooperation with the United States Bureau of the Census. A summary of the study is presented as the second article of this issue. ¶ In later pages announcement is made of simultaneous ceremonies to be held here and abroad on April eighth commemorating the eightieth birthday of Dr. William Henry Welch, chairman of the Fund's Advisory Council.

Previous to her fifty-fifth year, in which she established the Fund, Mrs. Anderson had given endlessly of her time and money to undertakings for the welfare of others. Her largest gift, made prior to establishment of the foundation, was to the cause of higher education for women. By gifts to Barnard College of the three New York city blocks on which this institution stands,

and by other liberal contributions, including Milbank and Brooks halls, she gave immense stimulus to the school in its early years. The present-day appraisal value of the land and buildings which she gave to Barnard, approximating three million dollars, makes the college, with the exception of the Milbank Fund, the largest beneficiary of her philanthropy. It is more than three times the amount, \$959,656.83, given by the Fund to its largest single beneficiary, the New York Association for Improving the Condition of the Poor; it exceeds by more than a million dollars the total of the sums,

\$1,911,405.14, given to date by the Fund toward the New York Health Demonstrations, in which since 1923 the Fund has been cooperating with three communities in New York.

The graph on p. 33 indicates the amount spent by the Fund in the demonstrations in comparison with its expenditures for other philanthropic purposes during its twenty-five years of activity. Next to the Association and the combined demonstration communities, the following have been the principal recipients of the Fund's philanthropy during its history—Princeton University receiving \$449,638, Judson Health Center in New York City with \$305,000, the National Committee for Mental Hygiene with \$197,500, the New York Commission on Ventilation with \$189,000, Phillips Academy with \$160,000, the Serbian Child Welfare Association with \$135,000, the Legal Aid Society in New York City with \$131,250, the Saranac Laboratory and the Trudeau Foundation with \$122,000, the Children's Aid Society with \$112,228.89, and the State Charities Aid Association receiving \$106,556.25.

Throughout its history, the foundation has aided some 132 separate organizations and projects. It made only one grant in its first year—\$5,000 to the Legal Aid Society. This Society and the Association for Improving the Condition of the Poor are the only organizations which have been beneficiaries of the Fund for as long a period as eighteen years. The Babies' Dairy Association, the Saranac Laboratory and the Trudeau Foundation, the National Committee for Mental Hygiene, the State Charities Aid Association, and the Judson Health Center, in this order, are next in point of length of time during which they have received aid. Each of these organizations was assisted for ten years or more at some time during the past twenty-five years.

In an accompanying graph is indicated the trend of the



ELIZABETH MILBANK ANDERSON

December 20, 1850 - February 22, 1921

*Who founded the MILBANK MEMORIAL FUND
on April 3, 1905*

Fund's service during its twenty-five year history in the fields of health, social welfare and education. Of its total expenditures during this period, over two-thirds have been to aid organizations and projects in the field of health, mostly in the field of public health. Approximately one-sixth of the foundation's total philanthropic gifts have been in the field of social welfare, and about one-sixth in the field of education. During its first seven years, all of the Fund's gifts were in the latter fields. But, since 1912, there have been but two years (1913 and 1920) when the Fund's gifts for health did not exceed those for both social welfare and education put together. There has been a gradual trend in the increase of the Fund's gifts for public health, the largest amount of contributions in this field having been made in 1929. The change of the Fund's emphasis from social welfare to health is indicated by the fact that over half of the amount of its gifts in the former field were made during its first sixteen years, whereas over half of its total gifts in the field of health have been made within the past five years. A special gift in 1928 for the construction of the Milbank Memorial Choir of the Princeton University Chapel, given by the Fund as a tangible and permanent memorial to its founder, accounted for over one-third of the gifts for education.

In the course of its history, the Milbank Fund has helped to launch a number of new organizations and projects and has assisted others through critical years. Initial gifts and pledges by Mrs. Anderson, assumed later by the Fund, enabled the New York Association for Improving the Condition of the Poor to undertake preventive and constructive work for the community as a whole, apart from its service to particular families. Grants, over the early and critical period of its organization, aided the National Committee for Mental Hygiene to establish its program and services for the

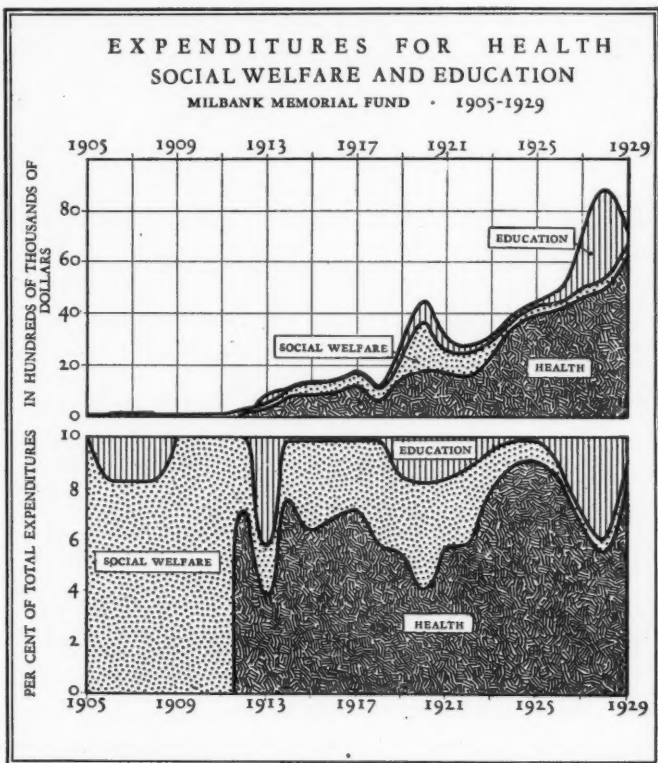


Fig. 1. Comparative indirect expenditures for health, social welfare and education, by years, 1905-1929. The lower part of the chart represents the amount of the Fund's payments in each group reduced to the percentages of its total payments to "other organizations" during each year. It indicates, therefore, in a broad way the Fund's relative changes in emphasis in the respective fields of health, social welfare and education over the twenty-five-year period.

conservation of mental health. Gifts from Mrs. Anderson, dating back to 1891, had aided Dr. Edward L. Trudeau in establishing and maintaining the Saranac Laboratory. Since 1912, with a lapse of but three years, the Fund has continued this aid. In addition to the \$122,000 paid, in 1928 it pledged

\$100,000 as an endowment to assure its continued annual support of the work of the foundation and laboratory. The Fund provided all of the money to the New York Commission on Ventilation for its study of the underlying physical laws and physiological reactions showing the relation of air conditions to health. The gift by Mrs. Anderson of land and buildings enabled the Children's Aid Society to establish, and subsequent grants from the Fund enabled it to maintain, at Chappaqua, New York, a home for convalescent children from New York City. The Committee on the Cost of Medical Care and the Diphtheria Prevention Commission of the New York City Department of Health were among other projects to which the Fund gave initial aid.

A number of organizations engaged in mitigating some of the tragedies of the Great War received grants from the Fund during the war and post-war periods. These included the Serbian Child Welfare Association, the American Relief Association, the Commission for Relief in Belgium, the United War Work Campaign, the American Red Cross, and the American Committee for Armenian and Syrian Relief.

A grant in 1929 in support of a Committee on Neighborhood Health Development, enabled the New York City Health Commissioner, Dr. Shirley W. Wynne, in cooperation with local voluntary agencies, to initiate a comprehensive plan of community health work in New York City. Through aid to the East Harlem Nursing and Health Service and to the Mulberry, East Harlem and Judson health centers, the Fund has made notable contributions toward improving the health and living conditions of individuals and families in New York City.

Recently, the Fund established its own divisions of research and publication. These divisions were created in the belief that the Fund's aims can be advanced by the mainte-

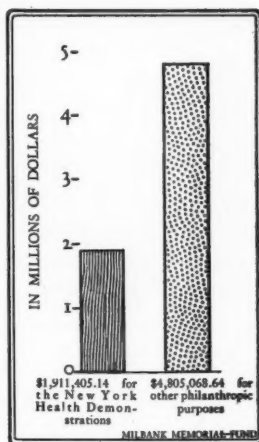
nance of its own research, editorial and publication staffs.

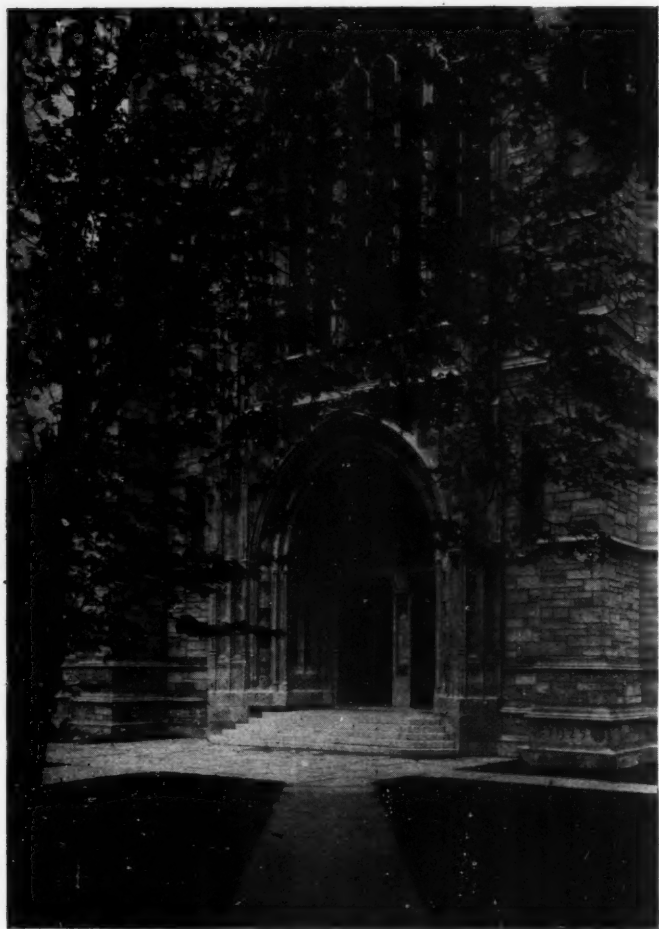
Edward W. Sheldon, who had been president and a director of the Fund since its establishment, resigned the presidency recently, remaining on the Board of Directors. Albert G. Milbank was elected to succeed Mr. Sheldon as president. During the past decade, John A. Kingsbury has been secretary of the foundation.

These are among the Fund's experiences and services which were recalled at the annual dinner meeting, at which its twenty-fifth birthday was celebrated. On this occasion, the Board of Directors was host to the members of the Fund's boards of counsel and to representatives of organizations in whose work the foundation has been associated in recent years. Dr. William H. Welch, Edward W. Sheldon, Albert G. Milbank, Dr. C.-E. A. Winslow, and Miss Lilla C. Wheeler were among the speakers.

The dinner was a part of the program of the eighth annual meeting of the Fund's boards of counsel, which was held in connection with the fifth New York Health Conference on April third and fourth. The conference was sponsored by a group of national, state and local health organizations which, in addition to the Fund, included the United States Public Health Service, the New York State and City departments of health, the New York State Medical Society, the State Charities Aid Association and the Bellevue-Yorkville Community Health Council.

Fig. 2. Expenditures for the New York Health Demonstrations and for other philanthropic purposes, during the twenty-five year period, 1905-1929.





WEST ENTRANCE OF THE PRINCETON UNIVERSITY CHAPEL

The Choir of which constitutes a Memorial to the
FOUNDER *of the* MILBANK MEMORIAL FUND

FERTILITY OF NATIVE WHITE MARRIED WOMEN
IN VARIOUS SOCIAL CLASSES AS SHOWN BY
THE CENSUS RETURNS FOR 1910*



RECENTLY much interest has been expressed in the differential rate of reproduction of the various social classes. It is pointed out that quite possibly the biological and social heritage of our future population will come predominately from a small, and some think an inferior, section of our present population. Whatever the ranking of the social classes by superiority may be, the relation between fertility and social status is important. Excellent and so far unexploited material on the subject was collected during the census of 1910 when each wife was asked the number of children she had borne. This paper, giving some of the first results obtained by sampling these returns, deals with the net effect of all those variables which, taken together, determine the fertility of various broad social classes.

The sample includes only wives who were native white of native parents and whose husbands were native white of native parents, and in this paper the data are further limited to women of child-bearing age who were married only once to husbands not previously married. This group is divided into two parts: (1) the urban sample, taken from the 33 northern cities having total populations of between one and five hundred thousand in 1910 and comprising data for about forty thousand wives; and (2) the rural sample, taken from rural parts of 74 neighboring counties, and comprising data for about thirty thousand wives.

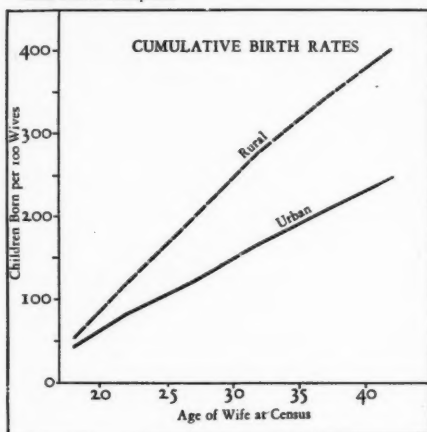
The women of the urban sample were separated, on the

*A summary of a recent study by the Fund's Division of Research appearing in the *Journal of the American Statistical Association*, March, 1930.

basis of the census returns of the husband's occupation, into the following broad social classes: professional, business, skilled workers, and unskilled laborers, and those of the rural sample into: farm owners, farm renters, and farm laborers. The rural classes are exactly what the names indicate, but the titles of the urban classes, which include a wide range of occupations, must be suggestive rather than precise. Nevertheless the urban classes are dominated by the groups from which the titles are taken, and the rates for constituent occupational groups indicate that they are relatively homogeneous with respect to fertility.

The fertility of a given social class is the resultant of many variables, among the more important of which are: age of wife, age of wife at marriage, sterility, fecundity, and a large

Fig. 1. Children born per 100 wives of each quinquennial age group under 45, for the urban and rural samples.



number of mores bearing on the voluntary control of pregnancy. Of these factors, the age of the wife is unique in that it determines the length of time during which the other factors exercise their influence, and thus determines the ultimate opportunity which any group of wives has for bearing children.

To obtain a fair comparison of the fertility of the social classes these ultimate opportunities must be equal, that is, comparisons must be made between groups having the same

age distributions. For example, the fact that the wives of farm renters bear, on the average, fewer children than the wives of the farm owners indicates, not that the former group is less fertile, but that it is younger. The true relation can only be obtained by comparing the average number of children born to wives of farm owners and farm renters who are the same age.

In a sense age at marriage also determines the opportunity for child bearing. But this no less than the various other mores governing the sex relation, is a recognized means by which all societies condition the biological factors governing reproduction. Since the purpose of this paper is to determine the *net effect* of all the factors bearing on the fertility of a given class, age at marriage must be included with these others factors as a variable.

Two methods of expressing the net fertility of the social classes are employed below, both of which conform to the requirements that age of the wife be eliminated, but that all the other factors influencing the average number of children born be included as variables. The first is the cumulative birth rate for specific age groups; that is, the number of children born per 100 wives for each quinquennial age group. By means of these ratios the fertility of the classes may be compared for each age group. It is also desirable to obtain a sin-

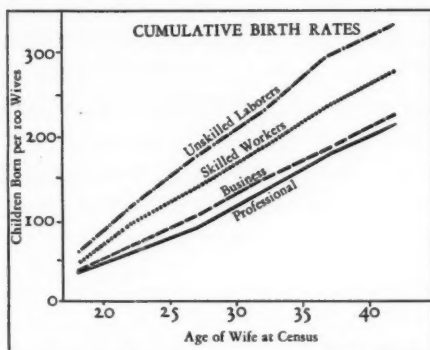
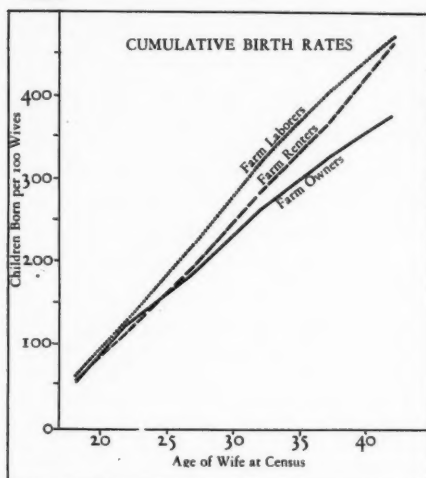


Fig. 2. Children born per 100 wives of each quinquennial age group under 45, for each urban class.

gle figure which will summarize this series of ratios for each class. Such a figure is to be had in the standardized cumulative birth rate. This rate is to be interpreted as indicating the number of children which would have been born to the wives of a given class, if the age distribution of the wives of that class had been the same as that of a standard population—the standard in this case being the combined urban and rural samples.

It is apparent from Fig. 1 that the wives of the rural sample are more fertile than those of the urban. The rates for the rural sample are from 20 to 67 per cent higher than those for corresponding age groups of the urban sample, and the stand-

Fig. 3. Children born per 100 wives of each quinquennial age group under 45, for each rural class.



ardized rural rate is 63 per cent higher than that for the urban sample. Or to put it another way, if the age distribution of the urban and rural samples were the same as that of the standard, 358 rural wives would have borne the same number of children as 625 urban wives.

Fig. 2 presents the rates by age groups and Fig. 4 the standardized rates for each urban social class. It should be noted that the order of the classes is the same in each age group, and indicates a definite inverse relation between fertility

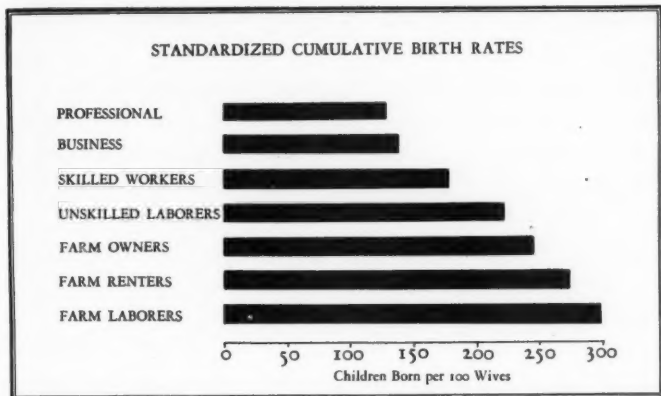


Fig. 4. Standardized cumulative birth rates for each urban and rural class. (Obtained by applying the rate for each quinquennial age group under 45 to the age distribution of the combined urban and rural samples.)

and the conventional ranking of the social classes. The specific rates for the most fertile class, the unskilled laborers, are from 58 to 97 per cent higher than the corresponding rates for the least fertile, the professional class, and the standardized rate is 73 per cent higher. In a population the age of our standard, 1,000 children would have been born to 775 wives of the professional class, 714 of the business class, 559 of the skilled worker class, and 448 of the unskilled laborer class. It should be observed that the difference between the professional and business classes is less than half those between the other classes.

The relative similarity of the environment and social standards of the rural classes might lead one to expect slight differences in their fertility. From Figs. 3 and 4 it appears however that the differences, though smaller than those of the urban classes, are still definite, and that as in the urban sample they indicate an inverse relation between fertility and the

customary ranking of social status. The rates for the most fertile class, the farm laborers, are from 3 to 25 per cent higher than the corresponding ones for the least fertile, the farm owners, and the standardized rate is 21 per cent higher. In a population the age of the standard, 1,000 children would have been born to 405 wives of farm owners, 364 wives of farm renters and 334 wives of farm laborers.

Attention has already been called to the fact that the rates for the entire rural sample are higher than those for the entire urban sample. This relation might arise in several ways, but it may be considered as characteristic of the rural population as such, only when the rates for each rural class are higher than those for the corresponding urban class. It should now be observed that, save for a single age group, the rates for the least fertile rural class, the farm owners, are higher than the corresponding rates for the most fertile urban class, the unskilled laborers, and that the standardized rate for the least fertile rural class was 247 as compared with 223 for the most fertile urban class. The higher fertility of the rural sample may therefore be considered as characteristic of the rural population.

The relation between fertility and social status, as brought out by this study may be summarized as follows:

- (1) The rural population represented by this sample is definitely more fertile than the urban population.
- (2) Since the rates for the least fertile rural class are higher than those for the most fertile urban class, this greater fertility of the rural sample is characteristic of the rural population as such.
- (3) In both the urban and rural populations studied, there is a definite inverse relation between fertility and the customary ranking of the broad social classes, but the differences between the classes are greater in the urban than in the rural population.

NEWS DIGEST

AN event which attracted attention far beyond medical and health circles was the celebration, on April 8, of the eightieth birthday of Doctor William Henry Welch.

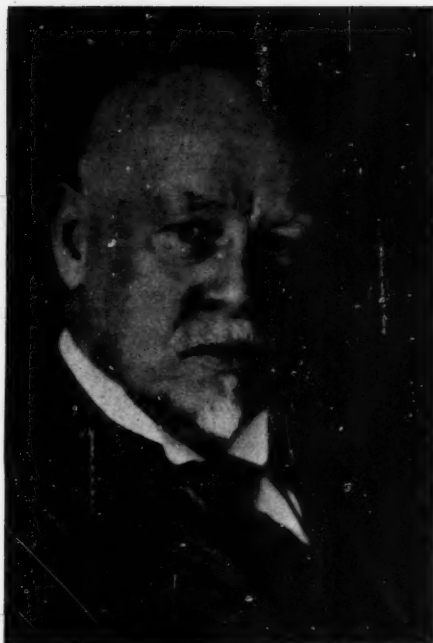
This dean of American medicine was on that day honored by simultaneous ceremonies held in Baltimore, Washington, New York, New Haven, London, Paris, Berlin, Leipzig, Tokio and Peiping. At Washington, focal point of the celebration, President Hoover delivered the principal address on a program in Memorial Continental Hall, beginning at noon, which was heard over a nation-wide radio hook-up.

The etcher, Alfred Hutty, had been commissioned to make a dry-point portrait of Dr. Welch for the occasion. The first print was given to Dr. Welch at the Washington ceremonies, and other prints were presented simultaneously to more than forty institutions

with which he has been connected as student, teacher, or adviser.

The distinguished leadership of Dr. Welch has long been recognized by those familiar with the history of American medicine and public health, a leadership which has been of incalculable benefit to millions of people. Dr. Simon Flexner, in a statement made ten years ago, said that Dr. Welch "by the vigor of his living example and the charm of a rare personality, as well as by the power of his spoken and written word, in the short span of a lifetime raised medicine in the United States from a beneficent art to an expanding science."

The pioneering work of Dr. Welch, graduate of Yale College and of the College of Physicians and Surgeons, in New York, began in 1877 when he started teaching pathology at the Bellevue Hospital Medical College, in New York. Fresh from studies abroad and



LOUIS SCHMIDT

WILLIAM HENRY WELCH
*Chairman of the Advisory Council of the Milbank
 Memorial Fund, whose eightieth birthday was
 celebrated on April 8, 1930*

familiar with the new scientific technique which had there led to the discovery that infectious diseases were caused by germs, he introduced at Bellevue the laboratory methods which launched a new era in medical education in America.

In 1884 Dr. Welch became Professor of Pathology at Johns Hopkins University. He was

the first dean of the Johns Hopkins Medical School. He was also the first director of the Johns Hopkins School of Hygiene and Public Health, dedicated in 1926, a pioneer school of this kind in the world. At present he is Professor of the History of Medicine, at Johns Hopkins, and the new Medical Library, dedicated last October, bears his name.

Albert A. Michelson is chairman of the General Committee for the celebration. Dr. Simon Flexner is chairman, and John A. Kingsbury, is secretary, of

the Executive Committee, of which the headquarters are in the offices of the Milbank Memorial Fund.

GEORGE L. NICHOLS, an active member of the Board of Directors of the Milbank Memorial Fund since its establishment in 1905, has resigned after twenty-five years

of service, due to the pressure of other duties. Mr. Nichols is a member of the law firm of Masten and Nichols. He was a close friend of Elizabeth Milbank Anderson, founder of the Milbank Memorial Fund.

Frank L. Polk has been elected to succeed the late Chellis A. Austin as a member of the Board of Directors of the Milbank Memorial Fund, and Dr. Linsly R. Williams has been elected to fill the vacancy on the Board created by the resignation of Mr. Nichols.

Mr. Polk, a partner in the law firm of Davis, Polk, Wardwell, Gardiner and Reed, was Under-Secretary of State during President Wilson's administration. He was head of the American delegation to the Peace Conference at Paris, July 28 to December 9, 1919.

Dr. Williams is director of the New York Academy of Medicine, president of the New York Tuberculosis and Health Association, and treasurer of the National Health Council. He is likewise a member of the Technical Board and the Advisory Council of the Fund.

THE third and fourth county health administrative units in New York State were re-

cently established within the period of one month. The Cortland County Board of Health was created on November 26, 1929, and the Westchester County Board of Health on December 26, 1929. Cattaraugus County created the first county health administrative unit in New York in 1923, and Suffolk County established the second one in 1928.

In New York State, by permissive legislation of 1921, county boards of supervisors are authorized to appoint county boards of health. This is the first step in placing local governmental administration of health on a county-wide basis, to replace the existing small district basis. In both Westchester and Cortland counties, boards of health, comprising seven members, have been appointed.

Westchester County has appropriated \$100,000 for its health budget for 1930. Dr. Matthias Nicoll, Jr., resigned his post as New York State Commissioner of Health to accept the appointment as the first county health officer of Westchester.

Where forty-three separate health districts formerly ex-

isted in Westchester County, under the present plan a unified health administration will prevail. Under the law, the establishment of the county health unit in Westchester abolishes the health districts of sixteen towns and also those of five villages with less than 3,000 population. Four cities in the County—Yonkers, Mount Vernon, New Rochelle and White Plains—may participate in the county plan, or they may decide to remain under local health jurisdiction.

Prior to its action in creating the health unit, the Westchester County Board of Supervisors appointed a commission of eight persons to study the plan. The report of this commission was unanimously favorable to its adoption.

As salary for a full-time county health officer, the Westchester County budget provides \$12,000 annually, which is the same amount New York State pays its Commissioner of Health. Dr. Nicoll said his reason for preferring the County appointment was his desire to organize a county health department.

"The future development and success of public health work, in my judgment," Dr.

Nicoll declared, "depends very greatly on decentralization and the placing of responsibility, in so far as it is possible, on the administration in the local health bodies, not on a central state organization or on small, generally ineffective village and town units, but on the county itself, with only such supervision by the state as may be necessary to meet unusual situations."

Before deciding to adopt the county health unit plan, the Cortland County Board of Supervisors likewise appointed a committee to study and report on the feasibility of establishing such a unit. In their investigations members of this committee studied the work and organization of the Cattaraugus County Board of Health. Impressed with its benefits they unanimously reported in favor of the establishment of such a service in Cortland County. The project was also strongly urged locally by committees of citizens, members of the medical profession and various health and welfare organizations. The entire County will participate in the plan, inasmuch as the Council of the City of Cortland, with 13,000 residents, unanimously

voted to join in the project.

Aided by the Milbank Memorial Fund, the Committee on Tuberculosis and Public Health of the State Charities Aid Association has taken leadership among the several state and local groups interested in promoting county health units in New York State.

THE death of Dr. Athel Campbell Burnham, on

January 19, 1930, at Chapel Hill, North Carolina, cut short a useful career of public service in the field of preventive medicine and public health. As assistant in preventive medicine of the State Charities Aid Association's State Committee on Tuberculosis and Public Health since 1922, Dr. Burnham was closely associated with the organization and promotion of the Cattaraugus County and Syracuse health demonstrations. He served as the liaison officer between the Associa-

tion, which was appointed by the Milbank Memorial Fund as its organizing and advisory agency for the demonstrations, and the local health authorities and voluntary agencies.

Dr. Burnham was a man of unusual native ability and superior medical training. He was born in Massachusetts in 1880. He was a graduate of the Col-

ATHEL CAMPBELL BURNHAM
*Assistant in Preventive Medicine of the
State Charities Aid Association
July 11, 1880-January 19, 1930*



lege of Physicians and Surgeons, Columbia University, a member of the class of 1906. He took graduate work in Vienna, Berlin and Paris. In 1916, Dr. Burnham gave up a wide private practice in New York City in order to enlist in the United States Army Medical Corps. During the World War he was sent overseas, with the rank of Lieutenant Colonel, as commanding officer of Base Hospital 82, American Expeditionary Forces.

After his discharge from the army Dr. Burnham devoted part of his time to private practice and served as part-time director of the first aid work of the Atlantic Division of the American Red Cross. In 1921 he definitely gave up the private practice of medicine for public service when he accepted the appointment of medical director of the child health program of the American Red Cross for all of Europe. In 1922 Dr. Burnham joined the staff of the State Charities Aid Association where he filled a position of high usefulness and responsibility in the public health program of that organization.

Dr. Burnham was the author of numerous technical articles

and publications. His book on "Community Health Problems," published in 1921, has been widely used as a textbook.

More than a year ago Dr. Burnham was forced to relinquish his work because of the seriousness of his condition. At that time he hoped that a rest of several months would enable him to return to his post for a while longer. Throughout the long months of his distressing illness he displayed the same fine courage and noble endurance that characterized his life of public service. Dr. Burnham is survived by his widow.

DR. C. FLOYD HAVILAND, superintendent of the Manhattan State Hospital on Ward's Island, died of pneumonia on January 1, 1930, in Cairo, Egypt. Dr. Haviland was a member of the Advisory Council of the Milbank Memorial Fund. In the field of public health Dr. Haviland was well known as a psychiatrist, a mental hygiene leader and a hospital administrator. He was clinical professor of psychiatry at Columbia University and chairman of the New York City Committee on Mental Hygiene.



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SUPERVISORY AND OPERATING AGENCIES

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State Committee on Tuberculosis and Public Health

Executive Staff

HOMER FOLKS, *Secretary*

GEORGE J. NELBACH, *Executive Secretary*

JOHN M. NICKLAS, M.D., *Medical Field Secretary*

CATTARAUGUS COUNTY HEALTH DEMONSTRATION

County Board of Health

JOHN WALRATH, *President*, Salamanca

M. L. HILLSMAN, M.D., Little Valley

WILLIAM A. DUSENBURY, Olean

RAY A. SPRAGUE, Salamanca

MYRON E. FISHER, M.D., Delevan

JAMES A. TAGOERT, M.D., Salamanca

MISS LILLA C. WHEELER, *Vice President*, Portville

• • •

REGINALD M. ATWATER, M.D., *County Health Officer*

County School Health Service

C. A. GREENLEAF, M.D., *Director*

County Tuberculosis and Public Health Association

C. A. GREENLEAF, M.D., *President*

SYRACUSE HEALTH DEMONSTRATION

Syracuse Health Department

GEORGE C. RUHLAND, M.D., *Commissioner*

and *Director*, Syracuse Health Demonstration

Department of Public Instruction, Health Service

WALTER B. GOULDING, *President*

G. CARL ALVERSON, *Superintendent*

Board of Education

Schools

JOSEPH C. PALMER, M.D., *Director*, School Health Service

The Onondaga Health Association

T. AARON LEVY, *President*

ARTHUR W. TOWNE, *Secretary*

Citizens' Committee on the Syracuse Health Demonstration

GILES H. STILWELL, *Chairman*

COMMUNITY HEALTH COUNCIL

Including the New York City Department of Health

BELLEVUE-YORKVILLE HEALTH DEMONSTRATION

in THE CITY OF NEW YORK

Officers of the Council

HON. SHIRLEY W. WYNNE, M.D., *Chairman*

LILLIAN D. WALD, R.N., *Second Vice-*

JOHN J. McGRATH, M.D., *First Vice-*

Chairman

Chairman

ALTA E. DINES, R.N., *Secretary*

HON. SHIRLEY W. WYNNE, M.D., *Chairman of Executive Committee*

• • •

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